Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **February 1-15, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

						OMB Approval N	0 0348-0043
APPLICATION	FOR		2. DATE SUBMITTED		Ap Identifier		
FEDERAL ASS		CF					
1. TYPE OF SUBMISSION	7.017111		3. DATE RECEIVED BY	STATE	State Application Identi	ifier	
.,	1						
Application Construction		oplication Instruction	4. DATE RECEIVED BY	AGENCY	Federal Identifier		
_	1		T. DATE RECEIVED DI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Gadia lasimile		
□ Non-Construction		n-Construction					
5. APPLICANT INFORMATIO	DN			Organizational L	Inlt		
Legal Name:		<i>S</i>		_			
Southern California As				Regional Plann	ling Agency hone of the person to be	assistad as mat	ore involving
Address (give city, coun	ity, state ar	ia zip code);		this application (contacted on man	ers illanialid
818 W. 7 th Street 12 th F Los Angeles, CA 90017-3435	loor			Mr. Charles Wa 213-236-1817			
6. EMPLOYER IDENTIFICAT	TION NUMBE	R (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate)	letter in box)	N
9 5	[:	2 4 0	9 6 4 9	A. State B. County	H. Independent School. State Controlled I		er Leaming
8. TYPE OF APPLICATION				C. Municipal D. Township	J. Private UniversityK. Indian Tribe	,	
X New	Оc	ontinuation	Revision	E. Interstate F. Intermunicipal	L. Individual Individual L. Profit Organization	חכ	
If Revision, enter approp				G. Special Distr	ict, N. Other (Specify): J	Joint Powers Au	hority
A. Increase Award D. Decrease Duration		crease Award her (<i>specify</i>):	C. Increase Duration	9. NAME OF FEDE	RAL AGENCY:		
				Federal Avia	ation Administration	n	
10. CATALOG OF FEDER. ASSISTANCE NO.	AL DOMESTI	2	0 - 1 0 6	11. DESCRIPTIVE	TITLE OF APPLICANT'S PRO	JECT:	
TITLE: AIRPORT IMPROVEMENT PROGRAM				Phase I work (airport capa	ional aviation syste k for the 2007 Regio acity analysis and a collect and update	onal Transpor Aviation econ	tation Plan, omic impact
12. AREAS AFFECTED BY	PROJECT (C	ities, counties, str	ates, etc.):				
Counties of Los Angel San Bernardino and In		e, Ventura, River	side,			RECE	IVED
13. PROPOSED PROJECT		14. CONGRESSIO	NAL DISTRICTS OF:	<u> </u>			_
	ding Date	a. Applicant			b. Project	FEB 1	4 2005
i :	9/30/06	24			N/A	,	
						STATE CLEA	RING HOUSE
15. ESTIMATED FUNDING:			16. IS APPLICATION SUB	JECT TO REVIEW BY	STATE EXECUTIVE ORDER		
a. Federal	*****	\$500,000			ATION WAS MADE AVAILABLE 72 PROCESS FOR REVIEW (
b. Applicant		\$26,316	DATE 2	111/05			
c. State		.00	b. NO PROGR	AM IS NOT COVERE	ED BY E.O. 12372		
d. Local		.00	OR PRO	OGRAM HAS NOT BE	EN SELECTED BY STATE FO	OR REVIEW	
e. Other		.00					
f. Program Income		.00	17. IS THE APPLICANT	DELINQUENT ON A	NY FEDERAL DEBT?		
g. TOTAL		\$526,316	Yes, If "Yes", at	·			
AUTHORIZED BY THE GOVE	KNOWLEDGE ERNING BOD	AND BELIEF, ALL D Y OF THE APPLICA	NATA IN THIS APPLICATION	I/PREAPPLICATION . (ILL COMPLY MITH T	ARE TRUE AND CORRECT, T THE ATTACHED ASSURANCE	HE DOCUMENT HAS	BEEN DULY
a. Typed Name of Au	thorized Re	presentative	THE PROPERTY OF	b. Title	HE ATTACHED NOOURANCE	c. Telephone	
Mark Pisano		111	Wen	Executive Dire	ctor	(213) 236-1	
d. Signature of Authorize	ed Represe	intative		-		e. Date Sign	
						1 7	
L						2+2	1.650

APPLICATION FOR				TA 1: 4 1 d 4	Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED February 19, 2005		Applicant Ident	iner	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier	
Construction	Construction	4. 5.112 1.125 1.1				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Department:	Unit:		
County of Imperial			Airport			
Organizational DUNS:			Division:			
Address:					rson to be contacted on matters	
Street: 1099 Airport Road			Prefix:	pplication (give area	a code)	
•			Mr. Middle Name	Stephen		
City: Imperial			Wilddle Name			
County: Imperial			Last Name Birdsall			
State: CA	Zip Code		Suffix:			
CA Country:	92251		Email:			
USA	ALLUMANEN (EIAI)		stephenbirdsall(@imperialcounty.net	Fax Number (give area code)	
6. EMPLOYER IDENTIFICATION	_		(760) 355-7944	give area code)	(760) 355-2485	
95-6000924			1, ,	DI ICANT: (See had	k of form for Application Types)	
8. TYPE OF APPLICATION:		on Revision		PLICANT. (Gee back	K of form for Application Types,	
If Revision, enter appropriate let	ter(s) in box(es)	n Revision	C.			
(See back of form for description	n of letters.)		Other (specify)			
Other (specify)	LJ		9. NAME OF FE	DERAL AGENCY:		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		VE TITLE OF APPLI	CANT'S PROJECT:	
TO. OMMEGG OF PEDENCE		20-106	Imperial County	Airport FY 2005 Enti	tlement Grant Application	
TITLE (Name of Program):		20-100				
Airport Improvement Program (12. AREAS AFFECTED BY PR		es States etc.):	_			
	·	s, States, etc./.				
Imperial, CA / Imperial County, 13. PROPOSED PROJECT	OA .		14. CONGRESS	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant		b. Project #51	
02/05	09/30/06		#51	TION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:		00	ORDER 12372 F	ROCESS?		
a. Federal \$		1,000,000			N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	DEOE	52,632	PRO	OCESS FOR REVIE	N ON	
c. State \$	RECEN	/ED ;"1."	DAT	E: February 2005		
d. Local \$	FED	00	⊢ բայ PR0	OGRAM IS NOT COV	/ERED BY E. O. 12372	
	FEB 112	2005	D. NO. ILJ		T BEEN SELECTED BY STATE	
e. Other \$	STATE OF	1 .	☐ FO	REVIEW		
f. Program Income \$	STATE CLEARING	HOUSE .ºº	17. IS THE APP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		1,052,632		attach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	F, ALL DATA IN THIS AF E GOVERNING BODY OF	PPLICATION/PREA THE APPLICANT	APPLICATION ARE TAND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS	AWAKUEU.				
Prefix Mr.	First Name Stephen			Middle Name		
Last Name			S	Suffix		
Birdsall b. Title				:. Telephone Number	(give area code)	
Airport Director d. Signature of Authorized Repr	resentativa			(760) 482-4314 e. Date Signed		
Previous Edition Usable			J		Feli 0 5 Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproducti	ion				Prescribed by OMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		To the second se	Amelian at (do atiling	
11. ITE UF QUDIVIQQIUN 1		2. DATE SUBMITTED	Applicant (dentifier	
	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifiar	
		4, DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Construction	Construction			
X Non-Construction	Non-Construction	1		
5. APPLICATION INFORMA Legal Name	TION	Organization Unit:		
	ADMENT DISTRICT			
SIERRA ECONOMIC DEVEL		Name and telephone number of the p	onrson to be contacted on m	atters involving
Address (give city, county, state, and 560 WALL STREET STE F	i zip code).	this application (give area code)	didon to bo dominated the	
PLACER COUNTY				
AUBURN CA 95603		ELIZABETH RILEY, (530)) 823-4703	
6. EMPLOYER IDENTIFICATION NU	(MRER /FIN)	7, TYPE OF APPLICANT (enter appropriate lette	er In box) [N]	•
94-1705043	MODER (MIN)	A. Stato	H. Independent School	Dist.
8. TYPE OF APPLICATION		B. County	•	tution of Higher Learning
[] New [X] Continuati	ion [] Revision	C. Munidipal	J. Private University	
Liver frei	• •	D. Township	K. Indian Tribe	
If Revision, enter appropriate lettor(s) in box(s)	E. Interstate	L. Individual	
	B. Decrease Award	F. Intermunicipal	M. Profit Organization	
C. increase Duration	D. Decrease Duration	G. Special District	N. Other (Specify)	EDD
Other (specify)				
AA AARAA AA AA EERERAA AAAA	CTIO ACCICTANCE	9. NAME OF FEDERAL AGENCY ECONOMIC DEVELOPM	IENT ADMINISTRATIO	NC NC
10. CATALOG OF FEDERAL DOME	11-302			
NUMBER 7. E:	11-302	11. DESCRIPTIVE YITLE OF APPLICATION PRO	DJEGI.	
12. AREAS AFFECTED BY PROJEC	СТ	ECONOMIC DEVELOPMENT	PLANNING PROGRA	AM
(cities, counties, states, etc.)				
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CL BODADO LICUADA DI A				
	CER &			
SIERRA COUNTIES	.CER &	A AND COMMUNICATION OF		
SIERRA COUNTIES 13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	b. Project	
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date	Ending Date	a. Applicant	b. Project	TTIE 4
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005	Ending Date 3/31/2006	a. Applicant JOHN DOOLITTLE 4	JOHN DOOLI	TTLE 4
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING:	Ending Date 3/31/2006	a. Applicant JOHN DOOLITTLE 4 16, 15 APPLICATION SUBJECT TO REVIEW BY	JOHN DOOLI	TTLE 4
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal	Ending Date 3/31/2006 \$ 76,000	a. Applicant JOHN DOOLITTLE 4 16, 15 APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS?	JOHN DOOLI	·
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant	Ending Date 3/31/2006 \$ 76,000	a. Applicant JOHN DOOLITTLE 4 16, 15 APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION	JOHN DOOLI	TATE
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant	Ending Date 3/31/2006 \$ 76,000	a. Applicant JOHN DOOLITTLE 4 16, 15 APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS?	JOHN DOOLI	TATE
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	Ending Date 3/31/2006 \$ 76,000	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? B. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV	JOHN DOOLI	RECEIVE
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	Ending Date 3/31/2006 \$ 76,000 \$ 25,333	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? B. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE STATE ON: 12 3/4/2005	TATE
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other	Ending Date 3/31/2006 \$ 76,000 \$ 25,333	a. Applicant JOHN DOOLITTLE 4 16. IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE STATE ON: 12 3/4/2005 E.O. 12372	RECEIVE FEB 1 1 2005
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	Ending Date 3/31/2006 \$ 76,000 \$ 25,333	a. Applicant JOHN DOOLITTLE 4 16. IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE S VIEW ON: E 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW	RECEIVE
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	\$ 76,000 \$ 25,333 \$ 101,333	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17. IS THE APPLICANT DELINQUENT ON ANY F	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE S VIEW ON: E 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW	RECEIVE FEB 1 1 2005
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$ 76,000 \$ 25,333 \$ 101,333	a. Applicant JOHN DOOLITTLE 4 16, 15 APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17, IS THE APPLICANT DELINQUENT ON ANY F [] Yea If Yea steen and explanation []	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE SIVIEW ON: 12 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW FEDERAL DEBT? X NO	RECEIVE FEB 1 1 2005
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	### STATE ST	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17, IS THE APPLICANT DELINQUENT ON ANY F	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE SIVIEW ON: TE 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW FEDERAL DEBT? X No. RECT. THE DOCUMENT	RECEIVE FEB 1 1 2005
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	### STATE ST	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17. IS THE APPLICANT DELINQUENT ON ANY F [] Yea If Yea' attach and explanation [] ATION/PREAPPLICATION ARE TURE AND CORR	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE S VIEW ON: E 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW FEDERAL DEBT? X] NO RECT. THE DOCUMENT	RECEIVE FEB 1 1 2005
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	S 76,000 \$ 25,333 \$ 101,333 ELIEF, ALL DATA IN THIS APPLICANT DED CONTACTIVE	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17. IS THE APPLICANT DELINQUENT ON ANY F [] Yea If Yea Stran and explanation [] ATION/PREAPPLICATION ARE TURE AND CORR AND THE APPLICANT WILL COMPLY WITH THE	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE SIVIEW ON: 12 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW FEDERAL DEBT? X No RECT. THE DOCUMENT ATTACHED C. Telephone number	RECEIVE FEB 1 1 2005
SIERRA COUNTIES 13. PROPOSED PROJECT: Start Date 4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 16.TO THE BEST OF MY KNOWLEDGE AND BE MAS BEEN DULY AUTHORIZED BY THE GOVE ASTURANCES IF THE ASSISTANCE IS AWARD JED JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	S 76,000 \$ 76,000 \$ 25,333 \$ 101,333 ELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT DED	a. Applicant JOHN DOOLITTLE 4 16. IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17. IS THE APPLICANT DELINQUENT ON ANY IS [] Yes If Yes steen and explanation [] ATION/PREAPPLICATION ARE TURE AND CORR AND THE APLICANT WILL COMPLY WITH THE	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE SIVIEW ON: 12 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW FEDERAL DEBT? X No RECT. THE DOCUMENT ATTACHED C. Telephane number (530) 823-4703	RECEIVE FEB 1 1 2005
4/1/2005 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18.TO THE BEST OF MY KNOWLEDGE AND BUMAS BEEN DULY AUTHORIZED BY THE GOVE ASTIMATED THE ASSISTANCE IS AWARD JED NAME OF AUTHORIZED ROPPOS	S 76,000 \$ 76,000 \$ 25,333 \$ 101,333 ELIEF, ALL DATA IN THIS APPLICATION OF THE APPLICANT DED	a. Applicant JOHN DOOLITTLE 4 16, IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION EXECUTIVE ORDER 12372 PROCESS FOR REV DAT b. NO: [] PROGRAM IS NOT COVERED BY IS [] OR PROGRAM HAS NOT BEEN SE 17. IS THE APPLICANT DELINQUENT ON ANY F [] Yea If Yea Stran and explanation [] ATION/PREAPPLICATION ARE TURE AND CORR AND THE APPLICANT WILL COMPLY WITH THE	JOHN DOOLI STATE EXECUTIVE WAS MADE AVAILABLE TO THE SIVIEW ON: 12 3/4/2005 E.O. 12372 ELECTED BY STATE FOR REVIEW FEDERAL DEBT? X No RECT. THE DOCUMENT ATTACHED C. Telephone number	RECEIVE

APPLICATIO			O DATE CUDINITIES		——————————————————————————————————————	Version 7/03	
FEDERAL A	SSISTANC	E	2. DATE SUBMITTED February 2, 2005		Applicant Ide	Applicant Identifier	
1. TYPE OF SU Application	BMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	ition Identifier	
☐ Constructio		Construction		4. DATE RECEIVED BY FEDERAL AGE		tifier	
Non-Constr 5. APPLICANT		Non-Construction		***		· · · · · · · · · · · · · · · · · · ·	
Legal Name:	THE OTTOM TO THE			Organization	al Unit:		
Central Sierra E	conomic Deve	lopment District		Department:			
Organizational D 157658485	DUNS:			Division:	1111 to		
Address: Street:						erson to be contacted on matters	
53 West Bradfor	d, Suite 200			Prefix:	s application (give are First Name: Larry	ea code)	
City: Sonora				Middle Name	Larry		
County: Tuolumne				Last Name Busby			
State: CA		Zip Code 95370		Suffix:			
Country:			**************************************	Email:			
6. EMPLOYER I	DENTIFICATION	ON NUMBER (EIN):		cspc@mlode. Phone Numbe	er (give area code)	Fax Number (give area code)	
	8868	• • •		209-532-8960		209-532-7599	
8. TYPE OF APP	of housed housed housed house			7. TYPE OF A	PPLICANT: (See bad	ck of form for Application Types)	
If Revision, enter	V Ne		on 🖺 Revision	В, К			
(See back of form				Other (specify)			
Other (specify)				9. NAME OF	velopment District FEDERAL AGENCY:		
10. CATALOG (DE EEDEDAL	DOMESTIC ASSISTAN	CE NUMBER:		velopment Administrati TIVE TITLE OF APPL		
IU. CATALOG	DF FEDERAL	DOWESTIC ASSISTAN		1	of the Tuolumne Bypas		
TITLE (Name of	Program):		1 1-3 0 0	Constitution	or the ruolamine bypac		
Public Works				_			
Tuolumne Count		ROJECT (Cities, Countie	s, States, etc.):				
13. PROPOSED		- Tanonona		14 CONGRES	SSIONAL DISTRICTS	OF:	
Start Date:	1100201	Ending Date:		a. Applicant	SOIONAL DISTRICTS	b. Project	
June 1, 2005	FUNDING:	October 31, 2005		19	ATION OUR IFOT TO	19	
15. ESTIMATED	FUNDING:	SUA-CONTROL - CO	1111	ODDED 42272	DDOCEEES	REVIEW BY STATE EXECUTIVE	
a. Federal		Parent I Process Process	2,497,752	۷ ^,	VAILABLE TO THE ST	N/APPLICATION WAS MADE FATE EXECUTIVE ORDER 12372	
b. Applicant	HER	CEIVED	277,528 ····		ROCESS FOR REVIEN		
c. State	L FFR	1 1 2005	•	DA	ATE: February 2, 2005	5	
d. Local	\$			b. No. 🕮 PF	ROGRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other	STATE C	EARING HOUSE	- 00		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE	
f. Program Incom	e \$	NOT WITH A PROPERTY OF THE CONTROL OF T	.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$ 2,775,280 Yes If "Ye			∕es If "Yes" attach an explanation.				
DOCUMENT HAS	BEEN DULY		GOVERNING BODY OF			TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Rep	oresentative	Eiret Name			Middle Name		
Prefix Mr.		First Name Larry					
Last Name Busby					Suffix		
b. Title Executive Directo					c. Telephone Number 209-532-8960	(give area code)	
d. Signature of Au	tho/ized Repre				e. Date Signed February 2, 2005		
Previous Edition L					·	Standard Form 424 (Rev.9-2003)	

Authorized for Local Reproduction

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
EDERAL ASSISTANCE JANUARY		January 3, 2		••	
		1		State Application Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIMIC	The second secon	
Application	Preapplication	4. DATE RECEIVED BY	EEDERAL AGENCY	Federal Identifier	
Construction	Construction		, marine remited		
X Non-Construction	Non-Constru	edon			
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: City of Guadalup	ne.		Daling & Fir	re Department	
			Name and telephone	number of person to be contacted on matters involving	
Address (give city, county, State,	ana ap uuusi.		this application (give a	area code)	
918 Obispo St.	1		Carmon Johns	son	
Guadalupe CA 93434 County: Santa Barl	oara		(805) 343-13	ANTE (anter commercial latter in how)	
6. EMPLOYER IDENTIFICATION	I NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
			A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
8. TYPE OF APPLICATION:			B. County		
X New	Continu	ation Revision	C. Municipal	J. Private University K. Indian Tribe	
.		——————————————————————————————————————	D. Township E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	M. Profit Organization	
A Jan	ragen Assert	C. Increase Duration	G. Special District	N. Other (Specify)	
/ C 1/10/0000 / 1/10/10	rease Award	. moreuse sendanti			
D. Decrease Duration Other(s			9. NAME OF FEDER	MALAGENCY:	
			United State	es Department of Agriculture	
	· · · · · · · · · · · · · · · · · · ·	The state of the s			
10. CATALOG OF FEDERAL DO	OMESTIC ASSIST	ANCE NUMBER:	11. DESCRIPTIVE TI	TTLE OF APPLICANT'S PROJECT:	
IU. GAIALUG UF FEDERAL D	JEG (10 A3313 I		Purchase of	Fire Department Ifuck and	
		1 0 - 7 6 6	Police vehic	cle ·	
TITLE:			1		
12. AREAS AFFECTED BY PRO	DJECT (Cities, Co.	unties, States, etc.):			
City of Guadalupe	?		l de la companya de l		
13. PROPOSED PROJECT		IONAL DISTRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project	Respond Vehicles	
July 1 Dec 30	City of (Guadalupe	Emergency 1	Respond Vehicles	
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY STATE EXECUTIVE	
			ORDER 12372 P	-NOCE331	
a. Federal	\$ 30,800		a VER THE PER	EAPPLICATION/APPLICATION WAS MADE	
			- a. 150. IHIS PRE	LE TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant	\$ 25,200		PROCES	S FOR REVIEW ON:	
c. State	\$	RECEIVED	DATE		
d Incel	s	00 00	1		
d. Local	-	FEB 1 1 2005	∐ b. No. ☐ PROGE	RAM IS NOT COVERED BY E. O. 12372	
e. Other	\$		OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE	
	<u> </u>			EVIEW	
f. Program Income	·\$	STATE CLEARING HOUSE		ANT DELINQUENT ON ANY EEDEDAL DEDTS	
	L	And the second control of the second control		ANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 56,000	0.	1	," attach an explanation.	
18. TO THE REST OF MY WAG	WLEDGE AND R	ELIEE ALL DATA IN THIS APPL	ICATION/PREAPPLIC	ATION ARE TRUE AND CORRECT, THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED E	BY THE GOVERNING BODY OF I	THE APPLICANT AND	THE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF	THE ASSISTANCE	CE IS AWARDED.			
a. Type Name of Authorized Re		b. Title	•	c. Telephone Number	
Camblum Calloway	Cooper	City Admi	nistrator	(805) 343-1340 ext 101	
d. Signature of Authorized Repr	esentative			e. Date Signed 1/31/05	

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMI 2-8-05	TTED	Applicant Iden	tifie ·
1. TYPE OF SUBMISSION:	D !: \	3. DATE RECEI	VED BY STATE	State Applicati	on denlifier
Application	Pre-application Construction	4. DATE RECEIV	YED BY FEDERAL A	GENCY Federal Identif	ler
Non-Construction	Non-Construction	Fti	8 - 9 2005		
5. APPLICANT INFORMATION	TELEGOTION OF THE PERSON OF TH				THE RESIDENCE OF THE PROPERTY
Legal Name:			Organization Department		
Glenn County Office of Education		The state of the s	Glènn Cour	ty Office of Education	
Organizational DUNS: 10-0009943	RECE	VED L	Division;		
Address:				elephone number of per its application (give are	rso I to be contacted on matters
queec	FEB 1 1	2005	Prefix:	First Name:	ac de)
525 West Sycamore Street			Ms. Middle Nam	Joni	"New Area Hands and the second
City: Willows	STATE CLEARI	NG HOUSE	Kay		
County:			Last Name Samples		
State: Califorina	Zip Code 95988	A character of the control of the co	Şuffix: Dr.		
Country: United States			Email: isamples@	glenncoe.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			ber (give area code)	Fa (Number (give area code)
94-6002753	· .		530-934-65	75	5:)-934-6576
8. TYPE OF APPLICATION:	4		7. TYPE OF	APPLICANT: (See back	of form for Application Types)
V Nev		n 🎮 Revisio	n N		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (speci-	fy)	,
				e of Education	
Other (specify)				F FEDERAL AGENCY: ment of Agriculture	
10. CATALOG OF FEDERAL	OMESTIC ASSISTANC	E NUMBER:	11. DESCR	PTIVE TITLE OF APPLIC	CAI T'S PROJECT:
TITLE (Name of Program):		[1][0]-[7][6	parking spa	ces to consolidate current	re : xot, two story building with 96 t st: ff in multiply rentals, some of
Community Facilities Loan				cheduled for demolition in 1ate in 2008.	Ju / 2005, with others having their
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	:. States, etc.):	10.330 10.1111	1010 H7 2000.	
Glenn County, California		•			
13. PROPOSED PROJECT Start Date:	Ending Date:		a, Applicant	ESSIONAL DISTRICTS	b. 'roject
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Wally Herge	er .	
15. ESTIMATED FUNDING:			ORDER 123	72 PROCESS?	RE 'IEW BY STATE EXECUTIVE
a, Federal \$		2,500,000 '	a. Yes. 🄽		/AF PLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	•		100/add amag 6/a/7 40-4	PROCESS FOR REVIEW	101
c. State \$				DATE: 2-8-05	
d. Local \$,00	b. No. [7]	PROGRAM IS NOT COV	ER :D BY E. O. 12372
e. Other \$	VVV	. 56		OR PROGRAM HAS NO	TB :EN SELECTED BY STATE
f. Program Income \$.00			IT IN ANY FEDERAL DEBT?
g. TOTAL \$,	2,500,000	· ☐ Yes If "Y	'cs" attach an explanation	. 💯 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BO	HIS APPLICATION/P DY OF THE APPLICA	REAPPLICATION ARE T ANT AND THE APPLICA	RU : AND CORRECT. THE NT VILL COMPLY WITH THE
a. Authorized Representative					
Prefix	First Name Joni			Middle Name Kay	
Last Name Samples	37,62,000	•		Suffix Or.	
b. Title Superinjegdent			,,, t. W. (8)	c. Telephone Number 530-934-6575	(giv area code)
d. Signature of Authorized Repre				e. Date Signed	
Previous Edition Usable	uplu			1 2/r/05	{ tandard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	n				Pr scribed by OMB Circular A-102

				ſ	
APPLICATION FOR	2				Version 7/0
FEDERAL ASSIST	ANCE	2. DATE SUBMITTED 2-8-05		Applicant Ider	tifier
1. TYPE OF SUBMISSION Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	✓ Non-Construction				
5. APPLICANT INFORM Legal Name:	IATION		Organizational Unit:		
Glenn County Office of E	Education		Department:		AND STATE OF THE S
Organizational DUNS:	Lucation		Glenn County Office of Division:	of Education	
10-0009943					
Address: Street:			Name and telephone involving this application		rson to be contacted on matters a code)
EGE Mark Company Chro	4		Prefix:	First Name: Joni	
525 West Sycamore Stre City: Willows	eet		Middle Name	JOH	
Willows County:			Last Name Samples		
Glenn State:	Zip Code	A A A A A A A A A A A A A A A A A A A	Suffix:		
Califorina Country:	95988		Dr. Email:		
United States	ICATION NUMBER (EIN):		jsamples@glenncoe. Phone Number (give a		Fax Number (give area code)
					530-934-6576
9 4 6 0 0 2 5 8. TYPE OF APPLICATION			7. TYPE OF APPLICANT: (See back of form for Application Types)		
	☑ New ☐ Continuatio	n Revision		ANT. (See bac	k of form for Application Types)
If Revision, enter appropr	riate letter(s) in box(es)	TI MENISION	N		
(See back of form for des	cription of letters.)		Other (specify) County Office of Educ	cation	
Other (specify)	- Lancard		9. NAME OF FEDER		
10 CATALOG OF FED	ERAL DOMESTIC ASSISTANC	°E NIIMBER:	U.S. Department of A		CANT'S PROJECT:
IO. CATALOG OF TED	LICAL DOMILOTIC ACCIOTANT				are foot, two story building with 96
TITLE (Name of Program	٦)٠	1 0 - 7 6 6	parking spaces to co	nsolidate currer	nt staff in multiply rentals, some of
Community Facilities Lo	an		which are scheduled for demolition in July 2005, with others having their lease terminate in 2008.		
	BY PROJECT (Cities, Counties	s, States, etc.):			
Glenn County, California			44 CONCRECCION	N DISTRICTS	OF:
13. PROPOSED PROJE Start Date:	Ending Date:		a. Applicant	AL DISTRICTS	b. Project
			Wally Herger		DEVIEW BY OTATE EVECUTIVE
15. ESTIMATED FUNDI	NG:		ORDER 12372 PROC	ESS?	REVIEW BY STATE EXECUTIVE
a. Federal	\$	2,500,000	la Vac IV		NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	RECEIVED	.00	PROCES	S FOR REVIEW	W ON
c. State	NEULIVED	.00	DATE: 2	-8-05	
d. Local	PEB 1 0 2005	.00	b. No. III PROGRA	M IS NOT COV	/ERED BY E. O. 12372
e. Other	\$	00	OR PRO		T BEEN SELECTED BY STATE
f. Program Income S	TATE CLEARING HOUSE	.00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$	2,500,000 ·	Yes If "Yes" attacl	n an explanatior	n. 🔽 No
18. TO THE BEST OF M	IY KNOWLEDGE AND BELIEF	, ALL DATA IN THIS API	PLICATION/PREAPPLI	CATION ARE	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
	CES IF THE ASSISTANCE IS A		THE AFFLICANT AND	THE AFFLICA	MAT WILL COM LI WITH THE

ATTACHED ASSURAN	ICES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Represen	ntative	
Prefix Ms.	First Name Joni	Middle Name Kay
Last Name Samples		Suffix Dr.
b. Title Superinte nde nt		c. Telephone Number (give area code) 530-934-6575
d. Signature of Authorized Representative		e. Date Signed/
D : E 1/1/11		Ctandard Form 424 (Pay 0 2002)

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Iden	tifier Version 7/03
1. TYPE OF SUBMISSION:	Dec and in the s	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier
☐ Construction ☐ Non-Construction	Construction Non-Construction				
5. APPLICANT INFORMATION					
Legal Name:			Organizational Department:	Unit:	
San Jose State University Four	dation		Moss Landing N	Marine Laboratories	
Organizational DUNS: 05-682-0715			Division:		
Address:				phone number of per application (give area	rson to be contacted on matters
Street:			Prefix:	First Name:	
210 North Fourth Street, 4th Flo	oor		Dr. Middle Name	Kenneth	
San Jose					
County: Santa Clara			Last Name Coale		
State: California	Zip Code 95112-5569		Suffix:		
Country: U.S.A.			Email: coale@mlml.ca	alstate.edu	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-6017638			(831) 771-4406		(831) 632-4403
8. TYPE OF APPLICATION:	and		7. TYPE OF AF	PLICANT: (See back	of form for Application Types)
□ Ne		n 🔲 Revision	0		
If Revision, enter appropriate let (See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FI	EDERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	1 '	IVE TITLE OF APPLI	CANT'S PROJECT:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			The California	State University Cente	er for Integrative Coastal Ocean
TITLE (Name of Program):		1 1-4 7 3	Research		
TITLE (Name of Program): Coastal Services Center			-		
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	s, States, etc.):			
California			14 CONCRES	SIONAL DISTRICTS	OE:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	b. Project
8/1/05	7/31/06			16	16
15. ESTIMATED FUNDING:			l		REVIEW BY STATE EXECUTIVE
a. Federal \$		2,402,317	a. Yes. 🗹 TH	IS PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	CFIVED	. 00		OCESS FOR REVIEW	
c. State	UEIVLU		DA	TE: 2/4/05	
d. Local	B 1 0 2005	. 00	b. No. T PR	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$			n OR		T BEEN SELECTED BY STATE
f. Program Income STATE	CLEARING HOUSE	.00	17. IS THE AP	R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00	Yes If "Yes"	' attach an explanatior	n. 😢 No
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF	2,402,317 E ALL DATA IN THIS APP		•	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICAN	T AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name			Middle Name	
Brefix Br.	First Name Pamela			C.	
Last Name Stacks				Suffix	
b. Title Interim AVP Graduate Studies	and Research			c. Telephone Number (408) 924-2427	(give area code)
d. Signature of Authorized Repr	esentative /	1001		e. Date Signed	4/05
	Tamy	4 C) Tarks		4	7/05

OMB Approval No. 0348-0043

APPLICATION FOR I	FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier
Application	Preapplication		c
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier
X Nonconstruction	Nonconstruction		L 00941105
5. Applicant Information:		Organizational Unit:	
Legal Name and Address:		Division of Water Quality	
(give city, county, state, and		Name and telephone of person	
,	Resources Control Board	involving this application (give	e area code):
	, Sacramento County	Elizabeth Haven	
Sacramento,	California 95814	(916) 341-5752	
6. Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter a A. State H.	ppropriate letter)A Independent School District
6. DUNS Number: 80	18321913	1	State Institute of Higher Learning
8. Type of Application:	70321713		Private University
New _X_ Revision	n Continuation		Indian Tribe
If Revision, enter appropria		•	Individual
A. Increase Award	B. Decrease Award		Profit Organization RECEIVE
C. Increase Duration			Other (specify)
Other (specify)			FEB 0 9 2005
	-	9. Name of Federal Agency:	
10. Catalog of Federal Do 66.804	mestic Assistance Number	U. S. Environme	ental Protection Age cy STATE CLEARING HO
Title: State Underg	round Storage Tank Program	11. Descriptive Title of Appli	cant's Project:
			•
		Development and implementat	tion of regulatory programs for the
12. Area Affected by Proje	ect:	prevention, detection, and con	rection of leaking USTs containing
(cities, counties, states, etc	.)	petroleum and hazardous subs	tances.
California			
13. Proposed Project:			
Start Date	End Date	14. Congressional District of:	
7/1/2004	6/30/2005		roject:
			alifornia - All
15. ESTIMATED FUNDI	NG:	16. Is the application subject	
		Executive Order (EO) 12372 p	
a. Federal	\$20,124		lication/preapplication was made
b. Applicant	\$0	1 · · · · · · · · · · · · · · · · · · ·	State EO 12372 process for
c. State	\$6,708	review on:	7.1
d. Local	\$0		ate: February 9, 2005
e. Other	\$0	_	is not covered by EO # 12372
f. Program Income	\$0		has not been selected by the
- TOTAL	m2< 022	state for	
g. TOTAL	\$26,832	17. Is the applicant delinquen	•
		YES, attach explanation	on NO
18. TO THE BEST OF M	Y KNOWLEDGE AND BELIEF, AL	L DATA IN THIS APPLICATION	PREAPPLICATION ARE
	THE DOCUMENT HAS BEEN DUL		
	APPLICANT WILL COMPLY WITH	THE ATTACHED ASSURANCE	S IF THE ASSISTANCE
IS AWARDED.			·
a. Typed Name of Author	ized Representative	b. Title:	c. Telephone Number
Celeste Cant		Executive Direc	etor (916) 341-5615
d. Signature of Authorized	d Representative		e. Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE	CE	2. DATE SUBMITTED		A	Version 7/
	/ -		2/7/05	Applicant Ide	entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E		State Applica	ation Identifier
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Iden	tifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name:	<u> </u>		Organizational Unit		
The Regents of the University	of California		Department:		
Organizational DUNS:			Division:	e of Marine Scie	nces
Address:	8-4723				
Street:			Name and telephon involving this appli	e number of po	erson to be contacted on matters
University of California, Santa 1156 High Street	Cruz		Prefix:	First Name:	
City; Santa Cruz			Ms. Middle Name		Cindy
County:			L. Last Name		
Santa Cruz State: CA	Zip Code		Plasm Suffix:	nan	
	95064				
Country: United States			Email: cplasman@i	ucsc.edu	
6. EMPLOYER IDENTIFICATI			Phone Number (give a		Fax Number (give area code)
94-153956	3		(831) 459-2	520	(831)459-5353
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
Revision, enter appropriate le	tter(s) in boy(es)	n F Revision	I - State Controlled		
See back of form for description	n of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER	AL AGENCY:	
Continuation: N 10. CATALOG OF FEDERAL	A160C2936	OF MUNAPPRO		, N	NOAA
	DOMESTIC ASSISTANT		11. DESCRIPTIVE TI		
TITLE (Name of Program):		1 1-4 7 3	to Understand Califor	s: Using an Intei rnia's Upwelling	grated Ocean Observation System Ecosystem
Coa	stal Services Center				,
12. AREAS AFFECTED BY PR Santa Cruz, Monterey and San	Makes On the Or	s, States, etc.):			
13. PROPOSED PROJECT	Mateo Counties, CA				
Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	
B/1/05 15. ESTIMATED FUNDING:	7/31/08		17th		b. Project 17th
			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		7.510.806	a. Yes. Z THIS PRE	APPLICATION	/APPLICATION WAS MADE
o. Applicant	Santa Barris and Departs of the	7,512,896	_ AVAILABI	LE TO THE STA S FOR REVIEW	ATE EXECUTIVE ORDER 12372
c. State	-RECEIV	00			ON
I. Local		•	DATE: Fe	ebruary 4, 2005	
	FEB 0 9 20)05 ·°°	b. No. T PROGRA	M IS NOT COVI	ERED BY E. O. 12372
e. Other		.00	OR PROG	RAM HAS NOT	BEEN SELECTED BY STATE
. Program Income	STATE CLEARING	HOUSE	I FOR REV	IFW	IT ON ANY FEDERAL DEBT?
TOTAL \$	THE RESIDENCE OF THE PROPERTY	00	-∤		
8. TO THE BEST OF MY KNO OCUMENT HAS BEEN DULY	WLEDGE AND BELIEF	7,512,896	Yes If "Yes" attach		
OCUMENT HAS BEEN DULY TTACHED ASSURANCES IF	AUTHORIZED BY THE	SOVERNING BODY OF	THE APPLICANT AND	THE APPLICAN	RUE AND CORRECT. THE
. Authorized Representative		VARDED.			THE TOTAL CONTROL OF THE TOTAL
refix Mr.	First Name William		Middle 1	Name	
ast Name Clark	L		Suffix		
Title					
Director, Office of Signature of Authorized Repre	Sponsored Projects	2 	c. Telep (83	hone Number (ç 31) 459-5278	give area code)
and hebre	OCHIGIIVE .	1.	e. Date		4 6 1 5
evious Edition Usable					16/200 C



U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566		
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRAN	ISPORTATION AUTHORITY	
Project ID:	CA-03-0683-01	DEC	
Budget Number:	2 - Budget Pending Approval	nec	EIVED
Project Information:	FY04/05 Fixed Guideway	FEB	0 7 2005
Part 1: Recipient Information			ARING HOUSE

Project Number:	CA-03-0683-01
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Jephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$21,023,150
Project Number:	CA-03-0683-01	Adjustment Amt:	\$0
Project Description:	FY04/05 Fixed Guideway	Total Eligible Cost:	\$21,023,150
Recipient Type:	Transit Authority	Total FTA Amt:	\$16,818,520
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gladys Lowe 213.922.2459	Total Local Amt:	\$4,204,630
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
ırt/End Date:	Jul. 01, 2004 - Sep. 30, 2008	Est. Oblig Date:	None Specified
Recyd By State:		Pre-Award Authority?	Yes

EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2004
Program Page:	19-25
Application Type:	Electronic
	од на при водина по
Supp. Agreement?:	No
Debt. Delinq.	

Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

	ate ID	District Code	District Official
6		25	Howard P McKeon
6		26	David Dreier
6		27	Brad Sherman
6		28	Howard L Berman
6		29	Adam B Schiff
6		30	Henry A Waxman
6		31	Xavier Becerra
6		32	Hilda L Solis
6		33	Diane E Watson
6		34	Lucille Roybal-Allard
6		35	Maxine Waters
6		36	Jane Harman
6		37	Juanita Millender-McDon
6		38	Grace F Napolitano
6		39	Linda T Sanchez
6		42	Gary G Miller
F		46	Dana Rohrabacher

Project Details

(Package revise			<u></u>			Version 7/03	
APPLICATIO FEDERAL AS		CE	2. DATE SUBMITTED	2/1/05	Applicant Ider	ntifier	
TYPE OF SUBM Application	IISSION:		3. DATE RECEIVED BY S	TATE	ATE State Application Identifier		
☐ Construction☐ Non-Construct	ion	Preapplication Construction Non-Construc	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identi	fier	
5. APPLICANT I	INFORMATI		NOTI		·		
Legal Name: COUNTY OF	SAN DIE	GO			Unit: LAND USE AN	D ENVIRONMENT GROUP	
Organizational DUNS: 00-9581646				Division: AIRF	PORTS		
Address:	na Cross	on Drive	,		phone number of pengengerial	erson to be contacted on	
Street: 1960 Joe Crosson Drive			Prefix:	First Name:			
City: El Cajon				Middle Name:			
County: San D	iego			Last Name: Mi	ller	•	
State: CA		Zip Code	92020	Suffix:			
Country: USA				Email: sherry	.miller@sdcou	nty.ca.gov	
6. EMPLOYE	R IDENTII	FICATION NU	MBER EIN):	Phone number (give area code):	FAX number (give area code):	
9 5 - 6		0 9 3 4			56-4837	619-956-4801	
8. TYPE OF APPLI		7		7. TYPE OF AP	PLICANT: (See bac	k of form for Application Types)	
If Revision, enter ap	New propriate lette	Continuation r(s) in box(es):	☐ Revision	Other (specify)	1		
(See back of form fo	or description o	of letters)					
Other (specify)				9 NAME OF FE	EDERAL AGENCY		
					tion Administra	ation	
J. CATALOG O	F FEDERA		SISTANCE NUMBER			ICANT'S PROJECT:	
ŢITLE:			0 - 1 0 6	McClellan-Palomar Airport - Runway, Taxiway and Safety Area Improvements Phase I			
12. AREAS AFFI	ECTED BY	PROJECT (cities, o	counties, states, etc.):	_			
Carlsbad, CA							
13. PROPOSED	PROJECT t Date		Ending Date	14. CONGRESS a. Applicant	SIONAL DISTRICTS		
	BD		TBD	52		b. Project 51	
15. ESTIMATED I	FUNDING				TION SUBJECT TO DER 12372 PROCE	REVIEW BY STATE	
a. Federal	<u> </u>		3,780,000 .00	a. Yes. 🛛 THIS	S PREAPPLICATION/A	PPLICATION WAS MADE	
b. Applicant	REC	EIVED	420,000		ILABLE TO THE STAT OCESS FOR REVIEW (E EXECUTIVE ORDER 12372 DN .	
c. State	\$ FED (7 2005	.00	DAT	E: 2/1/05		
d. Local	T _{\$} ED \	J 1 	.00	b. No. D PRC	OGRAM IS NOT COVER	RED BY E. O. 12372	
	TATE CLE	ARING HOUSE	.00	REV	IEW	BEEN SELECTED BY STATE FOR	
f. Program income					OALE DELINOLIEUE	ON ANY PEDEDAL DEDTO	
			.00	17. IS THE APPL	ICANT DELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL	\$	and the second s	4,200,000	☐Yes If "Yes" att	tach an explanation	No	
18. TO THE BES DOCUMENT HAS ATTACHED ASSI	T OF MY KI BEEN DUL URANCES I	Y AUTHORIZED	4,200,000 .00 BELIEF, ALL DATA IN THIS	Yes If "Yes" att	tach an explanation		
18. TO THE BES DOCUMENT HAS ATTACHED ASSI a. Authorized Repre	T OF MY KI BEEN DUL URANCES I	Y AUTHORIZED F THE ASSISTAN	4,200,000 .00 BELIEF, ALL DATA IN THIS BY THE GOVERNING BODY ICE IS AWARDED.	Yes If "Yes" att	tach an explanation EAPPLICATION ARE TAND THE APPLIC	☑ No	
18. TO THE BES DOCUMENT HAS ATTACHED ASSI a. Authorized Repre Prefix	T OF MY KN BEEN DUL URANCES I sentative	F THE ASSISTAN First Name F	4,200,000 .00 BELIEF, ALL DATA IN THIS BY THE GOVERNING BODY ICE IS AWARDED.	Yes If "Yes" att	tach an explanation EAPPLICATION ARE T AND THE APPLIC Middle Name	⊠ No ■ TRUE AND CORRECT. THE	
18. TO THE BES DOCUMENT HAS ATTACHED ASSI a. Authorized Repre	T OF MY KN BEEN DUL URANCES I sentative	F THE ASSISTAN First Name F	4,200,000 .00 BELIEF, ALL DATA IN THIS BY THE GOVERNING BODY ICE IS AWARDED.	Yes If "Yes" att	EAPPLICATION ARE T AND THE APPLIC Middle Name Suffix c. Telephone numb	☑ No E TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
18. TO THE BES DOCUMENT HAS ATTACHED ASSI a. Authorized Repre Prefix Last Name DRIN	T OF MY KN BEEN DUL URANCES I sentative	FIRST Name F	4,200,000 BELIEF, ALL DATA IN THIS BY THE GOVERNING BODY ICE IS AWARDED. PETER	Yes If "Yes" att	tach an explanation EAPPLICATION ARE T AND THE APPLIC Middle Name Suffix	No E TRUE AND CORRECT, THE ANT WILL COMPLY WiTi! THE er (give area code)	

(Package revi		2. DATE SUBMITTED		Applicant Ide	Version 7/03
APPLICATI	ASSISTANCE		/1/05	Applicant Idei	nuner
1. TYPE OF SUE		3. DATE RECEIVED BY STA	ATE	State Applica	tion Identifier
Application Construction	n Preapplication				
Non-Constru	ction 🛛 Construction	4. DATE RECEIVED BY FEL	DERAL AGENCY	Federal Identi	ifier
5 APPLICAN	│ │ Non-Construction	on			
Legal Name:			Organizational	Unit: Land Use and	Environment Group
COUNTY O	F SAN DIEGO			epartment of P	
Organizational DI	JNS: 00-9581646		Division: Airp	orts	
Address:					erson to be contacted on
Street: 1960	Joe Crosson Dr.		matters involv	ing this application	(give area code)
			Prefix:	First Name:	Sherry
City: El Cajo	on .		Middle Name:		
County: San	Diego		Last Name: Mi	iller	
State: CA	Zip Code:	92020	Suffix:		
Country: US	A	-	Email: sherry	/.miller@sdcou	nty.ca.gov
6. EMPLOY	ER IDENTIFICATION NUM	IBER <i>EIN</i>):	Phone number	(give area code):	FAX number (give area code):
9 5 -	6 0 0 0 9 3 4		619-956-4800 619-956-4801		
8. TYPE OF APP	PLICATION:	R	7. TYPE OF APPLICANT: (See back of form for Application Types)		
	New Continuation	Revision	Other (specify)		
	appropriate letter(s) in box(es): for description of letters)	A			
Other (specify)	ior description of letters)				
	in scope to include perin	neter road	9. NAME OF FEDERAL AGENCY		
δ. CATALOG	OF FEDERAL DOMESTIC ASSI	STANCE NUMBER	11. DESCRIPT	IVE TITLE OF APPL	ICANT'S PROJECT:
	2 0	- 1 0 6	Gillespie Field - West Transient Ramp and		
TITLE: Airports I	mprovement Program		Perimeter Road :		
12 ARFAS AF	FECTED BY PROJECT (cities, col	unties states etc.):	4		
	an Diego, State of Califor				
13. PROPOSE			14. CONGRESS	SIONAL DISTRICTS	OF
	art Date TBD	Ending Date TBD	a. Applicant b. Project 52		
15. ESTIMATE				TION SUBJECT TO	REVIEW BY STATE
		0.610.500 .00	EXECUTIVE ORDER 12372 PROCESS		
a. Federal b. Applicant	\$	2,012,300	AVA		APPLICATION WAS MADE TE EXECUTIVE ORDER 12372
c. State	RECEIVED	6,875			JN
		130,625 .00		E: 3/15/04	
d. Local e. Other	FEB 0 7 2005	.00		OGRAM IS NOT COVE	
	STATE CLEARING HOUSE	.00	REV	/IEW	BEEN SELECTED BY STATE FOR
			17. IS THE APPL	ICANT DELINQUENT	TON ANY FEDERAL DEBT?
g. TOTAL	\$	2,750,000 ^{.00}		tach an explanation	⊠ No
DOCUMENT HA	ST OF MY KNOWLEDGE AND E AS BEEN DULY AUTHORIZED B SURANCES IF THE ASSISTANC	Y THE GOVERNING BODY O	APPLICATION/PRE F THE APPLICAN	EAPPLICATION ARI T AND THE APPLIC	E TRUE AND CORRECT, THE CANT WILL COMPLY WITH THE
a. Authorized Rep	resentative				
Prefix	First Name PE	TER		Middle Name	
Last Name DR		<u> </u>		Suffix	
b. Title Airpor	TS DIRECTOR	/	c. Telephone number (give area code) 619-956-4800		

Previous Editions Not Usable Authorized for Local Reproduction

... Signature of Author

Pepresentati

e. Date Signed 2/1/05

APPLICATION FOR	1		2/1/05	Applicant Iden	tifier	
FEDERAL ASSISTAN	CE	3. DATE RECEIVED BY		State Application Identifier		
Application		3. DATE RECEIVED BY	SIAIE	Grate Application Identifies		
☑ Construction☑ Non-Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMAT	│	n J				
Legal Name:			Organizational	Unit: LAND USE AN	D ENVIRONMENT GROUP	
COUNTY OF SAN DIE	:GO		Department: P	JBLIC WORKS		
Organizational DUNS: 00-958		Division: AIRP	ORTS			
Address:					erson to be contacted on	
Street: 1960 Joe Cross	on Drive		matters involvi	ng this application	(give area code)	
			Prefix:	First Name:	Sherry	
City: El Cajon			Middle Name:			
County: San Diego	100000000000000000000000000000000000000		Last Name: Mi	ler	•	
State: CA	Zip Code:	92020	Suffix:			
Country: USA				.miller@sdcou		
6. EMPLOYER IDENTI		BER <i>EIN</i>):	Phone number (,	FAX number (give area code):	
9 5 - 6 0 0	0 9 3 4		619-9	56-4837	619-956-4801	
8. TYPE OF APPLICATION:				PLICANT: (See bac	k of form for Application Types)	
⊠ New [Continuation	Revision	В			
If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			Other (specify)			
Other (specify)	or letters)					
				DERAL AGENCY		
0474100055555	U BOMEOTIO ACCI	OTANOE NUMBER		tion Administra		
J. CATALOG OF FEDERA			11. DESCRIPTI	VE TITLE OF APPL	ICANT'S PROJECT:	
J. CATALOG OF FEDERA	AL DOMESTIC ASSIS	STANCE NUMBER - 1 0 6	11. DESCRIPTI	VE TITLE OF APPL		
TITLE:	2 0	- 1 0 6	11. DESCRIPTI	VE TITLE OF APPL	ICANT'S PROJECT:	
TITLE: 12. AREAS AFFECTED BY	2 0	- 1 0 6	11. DESCRIPTI	VE TITLE OF APPL	ICANT'S PROJECT:	
TITLE:	PROJECT (cities, cou	- 1 0 6	11. DESCRIPTI Ramona Air	VE TITLE OF APPL	ICANT'S PROJECT: t ATCT Access Rd	
12. AREAS AFFECTED BY Ramona, California 13. PROPOSED PROJECT Start Date	PROJECT (cities, cou	- 1 0 6 unties, states, etc.): Ending Date	11. DESCRIPTI Ramona Airy 14. CONGRESS a. Applicant	VE TITLE OF APPL DORT - CONSTRUC	ICANT'S PROJECT: t ATCT Access Rd :	
12. AREAS AFFECTED BY Ramona, California 13. PROPOSED PROJECT Start Date TBD	PROJECT (cities, cou	- 1 0 6	11. DESCRIPTI Ramona Airy 14. CONGRESS a. Applicant 52	VE TITLE OF APPL DORT - CONSTRUC SIONAL DISTRICTS	ICANT'S PROJECT: t ATCT Access Rd : OF b. Project 52	
12. AREAS AFFECTED BY Ramona, California 13. PROPOSED PROJECT Start Date	PROJECT (cities, cou	- 1 0 6 unties, states, etc.): Ending Date	11. DESCRIPTI Ramona Airy 14. CONGRESS a. Applicant 52 16. IS APPLICA	VE TITLE OF APPL DORT - CONSTRUCT SIONAL DISTRICTS TION SUBJECT TO	t ATCT Access Rd : 5 OF b. Project 52 D REVIEW BY STATE	
12. AREAS AFFECTED BY Ramona, California 13. PROPOSED PROJECT Start Date TBD 15. ESTIMATED FUNDING a. Federal	PROJECT (cities, cou	- 1 0 6 unties, states, etc.): Ending Date	11. DESCRIPTI Ramona Airy 14. CONGRESS a. Applicant 52 16. IS APPLICA EXECUTIVE OR a. Yes. THIS	VE TITLE OF APPL DORT - CONSTRUCTS SIONAL DISTRICTS TION SUBJECT TO DER 12372 PROCE	t ATCT Access Rd : 5 OF b. Project 52 D REVIEW BY STATE	
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APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE

I EDENAL AGGIOTANGE		January 30, 2005				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
<u>Ap</u> plication	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	Non-Construction	<u> </u>				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:			
Daytop Village Found	lation, Inc.		Non-Profit	•		
Address (give city, county, State,			Name and telephone r	number of person to be contacted on matters involving		
54 West 40th Street			this application (give a			
New York, New York	10018		Kathleen Esp	ejo (916) 683-2064		
6. EMPLOYER IDENTIFICATION			7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
22-2923	9 2 1			N		
22 2923	3 2 1		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
☑ New	Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe		
If Revision, enter appropriate lette	ar(e) in hov(ee)		D. Township E. Interstate	L. Individual		
in Nevision, enter appropriate lette	(a) III DOX(Ca)		F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Dec	ease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(s	specify):					
			9. NAME OF FEDERA	AL AGENCY:		
			USDA-RURAL DEVELOPMENT			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
		10-766	Purchase proper	ty and build facility for Residential Group		
	Ĺ			scent Substance Abuse Treatment Center		
TITLE:	IFOT (Cities Counties St	atan atah				
12. AREAS AFFECTED BY PRO		nes, etc.):				
Galt California County	of Sacramento					
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project			
2/1/05 7/1/05						
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
			ORDER 12372 PF	ROCESS?		
a. Federal	\$.00	- VEC TUIC DDE	APPLICATION/APPLICATION WAS MADE		
b. Applicant	Consequence of the second of t	00	-	E TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	CEIVED	•		FOR REVIEW ON:		
c. State	CEIVED	.00		01/30/05		
	B 0 3 2005		DATE	01/30/03		
d. Local	B as 5000	.00	L No El DDOOD	AM IS NOT COVERED BY E. O. 12372		
e Other	S TANIA UNISE	00		GRAM HAS NOT BEEN SELECTED BY STATE		
e. Other	CLEARING HOUSE		FOR REV			
f. Program Income	3	00	1			
			17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	0	Yes If "Yes,"	attach an explanation.		
As Porting and Control	W PROF ALIP PRINTERS			•		
DOCUMENT HAS BEEN DUILY	VLEUGE AND BELIEF, AL AUTHORIZED BY THE GO	L DATA IN THIS APPLIC VERNING BODY OF TH	E APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF			_ , u , _ watt Aito !!	The second second second part second second		
a. Type/Name of Authorized Rep		b, Title		c. Telephone Number		
(Rev) Joseph H. Hennen		Vice-President		(973) 668-8648		
d. Signature of Authorized Repre				e. Date Signed		
Previous Edition Usable	<u> </u>			\[\frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Authorized for Local Reproductio	n			Prescribed by OMB Circular A-102		

FEDERAL AGGIG FANGE		2. DATE SUBMITTED Fobruary 1 2005		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	February 1 3. DATE RECEIVED BY	STATE	State Application Identifier		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction			*		
5. APPLICANT INFORMATION			[0			
Legal Name:			Organizational Unit: Department:			
Self-Help Home Improvement F	roject 		Distriction			
Organizational DUNS: 08885	2603		Division:			
Address:			Name and telephone involving this applic		rson to be contacted on matters	
Street: 3777 Meadowview Dr. #100			Prefix:	First Name: Keith		
City: Redding			Middle Name			
County: Shasta			Last Name Grifith			
State: CA	Zip Code 96002		Suffix:			
Country: U.S.A.	00002		Email:	hashhin	org/kgrif@shhip.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	The state of the s	Phone Number (give a		Fax Number (give area code)	
95-2990678	_		5 530-378-6900		530-378-6910	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back	k of form for Application Types)	
☑ Nev	Continuation	n 🔲 Revision	Non-Profit Corp			
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) of letters.)		Other (specify)			
Other (specify)			9. NAME OF FEDERAL AGENCY: USDA Rural Development			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	F NUMBER	11. DESCRIPTIVE TI		CANT'S PROJECT:	
III. GATALOG OF FLDLIGAL					elp Housing Technical assistance	
TITLE (Name of Program):		10-420	for the construction of	f 44 units in the	two year perior 2005-2007.	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	-			
Shasta and Tehama counties						
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS		
Start Date: 04/01/2005	Ending Date: 03/31/2007		a. Applicant 1st CD California		b. Project 1st CD California	
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE	
a. Federal \$	88	80 , 000		EAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$. 00		S FOR REVIEV		
c. State \$			DATE:			
d. Local \$.00	b. No. 🗍 PROGRA	M IS NOT COV	ERED BY E. O. 12372	
e. Other \$. 30	OR PROC		T BEEN SELECTED BY STATE	
f. Program Income \$. 00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		80,000	Yes If "Yes" attach	=		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPLI THE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			Middle	Name		
Prefix	First Name Keith			1 4001107		
Last Name Griffith			Suffix			
b. Title Executive Director	11 . 1	11 11		phone Number 78-6900	(give area code)	
d. Signature of Authorized Repr	sentative	47/		Signed 2//	105	
Previous Edition Usable	- July	PE PE	CEIVED		Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	on //	I I have			Prescribed by OMB Circular A-102	

APPLICATION FOR

FEB **0 2** 2005

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE	CE (SF 424)			2. DATE SUBMITTED February 1, 2005		Applicant Identifier	
TYPE OF SUBMIS Application	SION:	Preapplication		3. DATE RECEIVED BY January 27, 2005	STATE	State Application Identifier	
_ Construction	Construction Construction Non-Construction Non-Construction			4. DATE RECEIVED BY AGENCY	FEDERAL	Federal Identifier	
5. APPLICANT INFORM	MATION	ESCALATOR AND				San Sangarahan (1997) - 1997 - 1997 - 1997 - 1997 San Sangarahan (1997) - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	garan ing sagang adapt terahan sa Tanggarang sa
Legal Name STATE OF	CALIFORNIA			Organizational Unit: OFF	ICE OF HISTORIC PF	RESERVATION	
Address (give city, county, state, and zip code): P.O. BOX 942896 SACRAMENTO, CA 94296-0001 (Sacramento County) 6400 -06 -067			code)		contacted on matters involving th		
6. EMPLOYER IDENTI	FICATION NUMBE		A X 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9. NAME OF FEDERAL National Park S	AGENCY: Service (1443)		
8. TYPE OF APPLICA' X New Continuati If revision, enter appropriate in the continuation of the continu	on Revision	s below: FEB	0 2 2005 EARING HO	D. TYPE OF APPLICAN A. Sate B. County C. Municipal D. Township E. Interstate F. Intermunicipal USE	IT: (enter appropriate l H. Independent S I. State Controlle J. Private Univer K. Indian Tribe L. Individual M. Profit Organi N. Other (specify	school District sold Institution of Higher Learning sity	
10.CATALOG OF FED 1 5 - 9 0 TITLE: HISTORI 12. AREAS AFFECTEI STATEWIDE	4 C PRESERVATION		, -		ON FOR FEDERAL FY ATED TO THE REQU INCLUDING PLANN	PROJECT: Y 04 (60/40) FROM HISTORIC F IIRMENTS OF THE NATIONAI IING, IDENTIFICATION AND	
13. PROPOSED PROJE	FCT·	14. CONGRESSIO	NAL DISTRICT	OF:		4.4.4.4	
Start Date	Ending Date	a. Applicant STATE OF CALIF				b. Project SEE # 11 ABOVE.	
10/01/04 15. ESTIMATED FUN	DING:		16. IS APPLIC	CATION SUBJECT TO RE	VIEW BY STATE EX	ECUTIVE ORDER 12372 PROC	ESS?
a. Federal	\$1,004,702		a YES.		APPLICATION WAS	MADE AVAILABLE TO THE S	
b. Applicant	\$.00		DAT	E <u>02-01-2005</u>			
c. State	\$585,934		b. NO	PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	\$72,543			OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$11,333						
f. Program Income	\$.00		L	PPLICANT DELINQUENT		DEBT?	
g. TOTAL \$1,674,512 <u>X</u> No			If "Yes'" attach an explanation			The state of the s	
18. To the best of my applicant will con	knowledge and beliemply with the attache	f, all data in this appli d assurances if the ass	cation/preapplicati istance is awarded	on are true and correct, the	document has been duly	y authorized by the governing boo	
	authorized Representa	ative	D WAYNE DONA		b. Title STATE HIST OFFICER	TORIC PRESERVATION	c. Telephone Number (916) 653-6624
d. Signature of Author	rized Representative						e. Date Signed 2/19/03
Previous Editions Not Us	able cruckly (Authorized for Local I	Reproduction		Sta	andard Form 424 (REV 4-88)Pres	scribed by OMB Circular A-102

FEDERAL ASSISTANCE		2. DATE SUBMITTED	2. DATE SUBMITTED 2-27-05		Applicant Identifier				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier					
Application	Pre-application	4. DATE RECEIVED BY I	FEDERAL AGENCY	ICY Federal Identifier					
☐ Construction ☑ Non-Construction	☐ Construction ☑ Non-Constructi	on							
5. APPLICANT INFORMATION	Non-ochstact	VII.	Organizational Uni	4.					
Legal Name: Ms, Janelle Maree' De Shazer			Department:						
Organizational DUNS:		RECEIVED	Division:						
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)						
Street: 14272 Hoover St. #18		FEB 0 1 2005	Frefix: First Name: Janelle						
V - 0.10.21.0		STATE CLEARING HOUSE	LI - I NI						
County: Drange			Last Name De	DeShazer					
State:	,83	Suffix:							
Country: USA		Email:							
6. EMPLOYER IDENTIFICATION		Phone Number (give	Fax Number (give area code)						
54-7885695		714) 901-4894 NO							
8. TYPE OF APPLICATION:	ручным у	7. TYPE OF APPLICANT: (See back of form for Application Types)							
New If Revision, enter appropriate lett	ation Revision								
(See back of form for description		Other (specify) of Handi maned = SSI tone are							
Other (specify)		Other (specify) Retired + Handy cryped = SSI Incorne 9. NAME OF FEDERAL AGENCY: Office of Community Planing Development							
10. CATALOG OF FEDERAL I	OMESTIC ASSIST	ANCE NUMBER:	14 DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:						
TO. CATALOG OF TEDERAL	, om 20 110 110010 1	14-241	read oras	penty Im	provinent =				
TITLE (Name of Program):	14.181	real property Improvment = outside point - new shower walls - House leveled - new floor Kitchen - some siding repair and personal							
12. AREAS AFFECTED BY PR	nties, States, etc.):	House Leveled - new floor Ritchen							
	range, C		some stain	g Cpan					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:						
Start Date: 2-27-05	Ending Date:		a. Applicant Jane	elle	b. Project				
15. ESTIMATED FUNDING:		16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE					
a. Federal \$.00	a. Yes. AVAII ARI F TO THE STATE EXECUTIVE ORDER 12372						
b. Applicant \$	E hour			AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON					
c. State \$	5,000	.00	DATE:						
d. Local \$.00	b. No. 🗐 PROGF	RAM IS NOT COV	VERED BY E. O. 12372				
e. Other \$.00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE						
f. Program Income \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?						
g. TOTAL \$	5,000	.00	Yes If "Yes" atta	•	4 18				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.									
a. Authorized Representative				llo Nomo	ž				
Prefix	First Name	s. Janelle		Middle Name Maree					
Last Name De Share	N		Suffi						
b. Title Ms.		c. Te	c. Telephone Number (give area code)						
d Signature of Authorized Repre	esentative		je. Di	ate oigned 🕴	97.05				

Version 7/03

OMB Approval No. 0348-0043

APPLICATION FOR					To the state of				
FEDERAL ASSISTAL	2. DATE SUBMITTED 3/30/04			Applicant Identifier					
1. TYPE OF SUBMISSION:	1	3. DATE RECEIVED B			State Application Identifier				
	Preapplication								
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL	AGENCY	Federal Identifier				
Non-Construction									
5. APPLICANT INFORMATION	Non-Construction								
Legal Name:		DECEIVED	Organizatio	nal Unit:					
African Americ	an Farmers of	REGIETAVEL	'						
Address (give city, county, State, and zip code):		0005	Name and telephone number of person to be contacted on matters involving this application (give area code)						
1		FEB 0 1 2005							
3343 S Walnut Ave		·	Joanne Powell (559) 442-0267						
Fresno, CA 9370	6	STATE CLEARING HOL	ואבו						
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	DONS #	7. TYPE OF APPLICANT: (enter appropriate letter in box)						
7 - 2 - L0 5 2 7 4 7 b		48224921 A. State			H. Independent School Dist.				
8. TYPE OF APPLICATION:			B. County	/	State Controlled Institution of Higher Learning Private University				
	Continuation	Revision	C. Munici	•					
∑ New	Continuation		D. Towns						
If Revision, enter appropriate lett	er(s) in box(es)		E. Intersta		L. Individual				
			F. Intermunicipal M. Profit Organization		M. Profit Organization	ofit			
A. Increase Award B. Dec	A. Increase Award B. Decrease Award C. Increase Duration				G. Special District N. Other (Specify) Non Profit				
D. Decrease Duration Other(s	specify):				ERAL AGENCY:				
			1						
			USDA	Rural	Development				
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TITLE OF DAPPER CANTED PROJECT:						
10. 0414200 07 125270 12 5		10 - 769							
		10 - 709	Tr	aining	Program				
TITLE: Rural Bus	iness Enterpr	ise Grant		J					
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):							
Fresno Californi									
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: 19, 20, 21									
Start Date Ending Date	a. Applicant		b. Project						
04/04 04/05	20			19, 2	0, 21				
15. ESTIMATED FUNDING:			16. IS APPI	LICATION	SUBJECT TO REVIEW BY STA	ATE EXECUTIVE			
15. EOTIMATED TONDING.			ORDER	12372 PR	OCESS?				
a. Federal	\$.00	1						
a. i ederai	50,000		a. YES. T	HIS PREA	PPLICATION/APPLICATION W	/AS MADE			
b. Applicant	\$.00		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372						
b. Applicant	·		F	ROCESS	FOR REVIEW ON:				
c. State	\$								
o, otato				DATE					
d. Local	\$.00				* 00.70			
	•		b. No. 🛘	PROGRA	M IS NOT COVERED BY E. O.	12372 TED DV OTATE			
e. Other	\$.00			BRAM HAS NOT BEEN SELECT	IED BY STATE			
Matching	23,224		_	FOR REV	TEW				
f. Program Income	\$.00							
1. Trogram mooms	'		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT						
g. TOTAL	\$.00	Yes If "Yes," attach an explanation.						
•									
18. TO THE BEST OF MY KNOV	W TROE AND DELICE	ALL DATA IN THIS APPLIC	ATION/PRE	APPLICAT	ION ARE TRUE AND CORREC	I, INC			
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF IN	E APPLICAN	IT AND TH	IE APPLICANT WILL COMPLY	AAIIU IUE			
ATTACHED ASSURANCES IF	THE ASSISTANCE IS A	WARDED.							
a. Type Name of Authorized Repr		b. Title			c. Telephone Number (559) 442–1893				
Will Scott	President								
d. Signature of Authorized Repres	sentative/			İ	e. Date Signed	•			
Will Sen					Standard Form 424	(Rev. 7-97)			
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